

First Reconciliation/First Communion Registration 2020-2021

Child's name as you wish it to appear on their FIRST COMMUNION certificate:

Mass your family usually attends: _____

Father's Name: _____

Mother's Name: _____ *Maiden:* _____

Address: _____

Phone: _____ *Email:* _____

Child's grade in school: _____ *Birthdate:* _____ *Age:* _____

Birthplace: _____ *Date of Baptism:* _____

Name of Church of Baptism: _____

Baptismal Church Address: _____

Please identify any special needs or challenges your child might have that may require special attention by the program director or volunteer catechists by listing any identified learning disabilities, classroom difficulties, medical conditions, allergies, etc. Please be as specific as possible. Information provided will be kept confidential. _____

You must provide Sacred Heart Parish with a copy of your child's baptismal certificate AND a copy of their birth certificate. These are mandatory in order for your child to receive these Sacraments.

Parent Signature: _____

By returning this form, I consent to photos taken of my child participating in First Reconciliation/First Communion activities for the purpose of sharing what we did with the parish either on our website, bulletin, posters, etc. I recognize that my child will not be identified by name in any of the photos, without my further consent.

For more information about the Religious Education program contact:

Kim Walker

Pastoral Assistant for Faith Formation

Kim.walker@shbham.org

(360) 734-2850, ext. 304